

## 2013 MCH Program Objectives

### Keeping Kids Alive Initiative

#### A. Objective Statement:

By December 31, 2013, The Keeping Kids Alive Initiative will be implemented by the \_\_\_\_\_ Health Department in collaboration with community partners.

#### B. Deliverable:

[The Deliverable will be determined during the negotiation process following the identification of the Input Activities and the steps to be implemented. Reporting forms are available at: <http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>]

#### C. Context:

Wisconsin Keeping Kids Alive Initiative Goal: To establish a sustainable, coordinated system to identify causes of all fetal, infant and child deaths, resulting in preventive strategies for community action. See <http://www.chawisconsin.org/kka.htm>  
Note: preventive interventions will be implemented via the Healthiest Families Initiative.) .

Local infant/child death review teams are part of public health surveillance and are critical to better understanding how and why a child died. We have statistics on how many children die and from what causes, <http://www.dhs.wisconsin.gov/health/injuryprevention>, but often know little about the circumstances leading up to the child's death. These multidisciplinary teams review and acknowledge all child deaths from a prevention standpoint.

In Wisconsin, the Division of Public Health (DPH) works with the Children's Health Alliance of Wisconsin (the Alliance) in an effort to assure all fetal, infant and child deaths have the opportunity to be reviewed with an emphasis on prevention. Current Child Death Review (CDR) teams are expected to follow the Wisconsin Model, known as Keeping Kids Alive in Wisconsin (outlined in the following manual: <http://www.chawisconsin.org/documents/CDRFinal10.13.08.pdf>). Counties will be expected to work with the Alliance and DPH to explore opportunities to review fetal and infant deaths (prior to 2015) to integrate the National Fetal and Infant Mortality Review (NFIMR) recommendations ([www.nfimr.org](http://www.nfimr.org)) into their reviews.

The Fetal and Infant Mortality Review (FIMR) is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. Through the review of all fetal and infant deaths we can both better understand the maternal and infant health and social risk factors contributing to these deaths and identify potential protective factors. The FIMR process brings private health care providers, public health, and community service providers together with the intention of examining the current systems that support families during pregnancy, infancy, preconception and interconception.

Local Health Departments may choose this objective to:

1. Initiate a new CDR/FIMR Team in their community where one previously did not exist (taking into consideration fetal deaths along with infant and child deaths)
2. Assess the fidelity of an existing CDR Team to the Keeping Kids Alive in Wisconsin Model
3. Assess the ability of the community, with an existing CDR Team, to review fetal deaths
4. Implement and evaluate a plan to address issues brought forth from one of the above assessments

## 2013 MCH Program Objectives

Communities choosing this objective are expected to follow the Keeping Kids Alive model. It is anticipated that most communities can develop and implement a new CDR/FIMR team following this model within two years. Additional time may be negotiated as deemed appropriate.

Local public health departments will each participate in training and technical assistance, identification of new community partners and utilization of the Keeping Kids Alive Model.

The WI Healthiest Families Initiative will be utilized to assess the community's current prevention efforts and move review recommendations to action.

**Required Related Activities:** Local public health departments will complete the following activities. Activity 4 may be undertaken at any time, as the community sees fit.

### Initiation of a New Team

1. Work with staff at the Alliance to receive training on the development and implementation of a death review team and use of the data collection system.
2. Identify and recruit appropriate partners to form a death review team.
3. Implement death reviews in accordance with the Keeping Kids Alive in Wisconsin model, including entering all deaths into the data collection system.
4. Select the WI Healthiest Families Initiative to support review recommendations moving to action within your community.

### Improvement of a Current Team

1. Utilize the standardized tool created by the Alliance to complete an assessment of the current review teams' fidelity to the Keeping Kids Alive Model and ability to incorporate fetal death reviews into the current structure.
2. Implement and evaluate strategies to improve the death review team according to needs identified in the assessment.
3. Select the WI Healthiest Families Initiative to support review recommendations moving to action within your community.

### D. Input Activities:

1. Agency assessment of MCH Core Competencies.
2. Participate in training and technical assistance as well as a minimum of one required state meeting and others as negotiated.
3. Identify existing and new community partners and the level of collaboration.
4. Utilize the Keeping Kids Alive in Wisconsin model including entering data into the data collection system.
5. Identify activities to be completed during this contracting period from the Related Activities section.

### F. Baseline for Measurement:

**Include the following items that were completed in 2012 for the Baseline for Measurement:**

- **CDR/FIMR team established. Health Department is Lead or Participating Member of the review team. The team met [insert number] times. Cases were reviewed.**
- **Assessment conducted. Assessment results: (briefly explain the results of the assessment).**
- **Data entry. Data is being entered into national data base.**
- **Plan for prevention based on review findings. Briefly describe plans to move recommendations to action.**

## 2013 MCH Program Objectives

### **G. Data Source for Measurement**

[The Deliverable will be determined during the negotiation process following the identification of the Input Activities and the steps to be implemented. Reporting forms are available at:

<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems>]